



Application for Manufactured Home or Modular Unit Certificate of Dealer Registration

(Any false statement in this application is a violation of the law and may be punished by fine or imprisonment or both)

Transmittal Number (PSC Office Use Only)		Check Number (PSC Office Use Only)		Check Amount (PSC Office Use Only)	
<input type="checkbox"/> New Application <input type="checkbox"/> Renewal		If Renewal, Registration Number:		<input type="checkbox"/> Manufactured Home Dealer <input type="checkbox"/> Modular Unit Dealer	
DEALERSHIP INFORMATION				CORPORATE ADDRESS	
Dealership Name				Corporate Name	
Street Address of Bona Fide Established Place of Business (Not P.O. Box)				Address	
City	State	Zip Code	County	City	State Zip Code
Phone	Fax			Phone	Fax FEIN
E-mail				E-mail	
PREVIOUS DEALERSHIP INFO - Have you previously owned a dealership under a name other than what is listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, please list previously owned dealership(s) name & address:					
IMPORTANT NOTE: Pursuant to Chapter 700 RSMo, all books, records, files and other matters required and necessary to conduct the business shall be kept and available for inspection during normal daytime business hours at the bona fide established place of business listed above.					
Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				If a Corporation, State of Incorporation	
IF A CORPORATION, YOU MUST ATTACH <ul style="list-style-type: none">Certificate of Good Standing - Call the Secretary of State's Office at 573-751-4153 to obtain.Statement of No Taxes Due - Call the Department of Revenue at 573-751-9268 to obtain.					
LIST ALL OWNERS BELOW		If a Partnership, list Name & Address of each partner. If a Corporation, list Names & Addresses of principal officers.			
Name (Last, First, MI)	Home Address		City	State	Zip Code Social Security #
1.					
2.					
3.					
4.					
UNITS SOLD - Number of units sold in prior 12 months	New	Used	List Manufacturers		
FELONY INFORMATION					
Has owner (or any partner, if partnership, or officer, if corporation) within the preceding ten (10) years been convicted in any Federal or State court of a felony relating to the acquisition or transfer of a manufactured home or any other form of property? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, provide the following	Date	Court	Conviction	Sentence	
MISDEMEANOR INFORMATION					
Has owner (or any partner, if partnership, or officer, if corporation) within the preceding five (5) years been convicted in any Federal or State court of a misdemeanor relating to the acquisition or transfer of a manufactured home or any other form of property? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, provide the following	Date	Court	Conviction	Sentence	
CERTIFICATION					
I do solemnly affirm and verify that the concern named herein is a bona fide dealer and I have the authority to make the statements contained herein and to sign this application.					
Signature of Owner, Partner or Corporation Officer				Date	
Please remit this completed application to the address below along with the Registration Fee of \$200 . Please make all checks payable to the Missouri Director of Revenue .					